Nocturnal Enuresis Algorithm

Children's Hospital LOS ANGELES CARE NETWORK

PRIMARY NOCTURNAL ENURESIS

Any child ≥ 7 years of age who has never achieved nighttime continence

THINGS TO CONSIDER

- Urinalysis and urine culture to assess for urinary tract infection
- Renal bladder ultrasound to assess for other urologic conditions
- KUB to assess for constipation
- Daytime bladder habits
- Family history of bedwetting
- Age of the child
- Rule out diabetes mellitus and diabetes insipidus

SECONDARY NOCTURNAL ENURESIS

Any child who has developed nocturnal enuresis after > 6 months of nighttime continence

THINGS TO CONSIDER

- Urinalysis and urine culture to assess for urinary tract infection
- Renal bladder ultrasound to assess for other urologic conditions
- KUB to assess for constipation
- Daytime bladder habits
- Social history: recent changes, trauma, stressors
- New medications
- Rule out diabetes mellitus and diabetes insipidus

FIRST LINE INTERVENTIONS*

1) Empty bladder frequently and completely
- Timed voiding every 2 hours (regardless of whether or not child senses the need to urinate). Helpful to set alarms.
- Double voiding – "Count to ten and try again"
- Double void right before going to sleep

2) Recommend good hydration during first half of the day (6-8 glasses of water)
- No fluids in the last 2 hours before bedtime

3) Aggressively manage constipation
- Miralax recommended to achieve daily soft stools

4) Avoid bladder irritants such as citrus, carbonated beverages, and caffeine

SECOND LINE INTERVENTIONS

1) Formal bedwetting alarm
- Parent will need to wake child and take him/her to the bathroom every time it goes off
- Typically takes a few months to be effective

2) Medication management with DDVAP.
- Dosing is 0.2mg per dose can start with 1 tab before bedtime, and may titrate up to 3 tabs for effectiveness.
- Drinking fluids after taking can cause hyponatremia. No fluids starting 1 hour before administration and for 8 hours afterward.
- Does not "cure" nocturnal enuresis. Merely reduces urine output at night. Once the medication is stopped the problems may resume.